

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Paley for Columbus					
Full Name of Contributor Jeffrey Lewis			Registration Number, if PAC		
Street Address 4474 Summit Ridge Drive		Employer/Occupation/Labor Organization* self attorney		M D Y 0 3 0 1 1 1	Amount 200.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) 639 check		
Full Name of Contributor James Linthicum			Registration Number, if PAC		
Street Address 8760 Stoneridge Ct		Employer/Occupation/Labor Organization* URS		M D Y 0 3 0 1 1 1	Amount 200.00
City Pickerington	State O H	Zip Code 43147-9720	Form(Cash,Check,etc) 9083 check		
Full Name of Contributor Nannette Maciejunes			Registration Number, if PAC		
Street Address 504 W. Broadway		Employer/Occupation/Labor Organization* Columbus Art Museum		M D Y 0 3 0 1 1 1	Amount 100.00
City Granville	State O H	Zip Code 43023	Form(Cash,Check,etc) 8232 check		
Full Name of Contributor Jay Madigan			Registration Number, if PAC		
Street Address 566 S. 4th Street		Employer/Occupation/Labor Organization* Brown & Caldwell		M D Y 0 3 0 1 1 1	Amount 250.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) 1364 check		
Full Name of Contributor George McCue			Registration Number, if PAC		
Street Address 500 South Front Stret Suite 1200		Employer/Occupation/Labor Organization* Crabbe, Brown & James		M D Y 0 3 0 1 1 1	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) 167820 check		
Full Name of Contributor John Kennedy			Registration Number, if PAC		
Street Address 500 South Front Stret Suite 1200		Employer/Occupation/Labor Organization* Crabbe, Brown & James		M D Y 0 3 0 1 1 1	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) check		
Full Name of Contributor Stephen Mindzak			Registration Number, if PAC		
Street Address 7995 Corsham Ct		Employer/Occupation/Labor Organization* Stephen Minzak Law Office		M D Y 0 3 0 1 1 1	Amount 100.00
City Olumbus	State O H	Zip Code 43215	Form(Cash,Check,etc) 8389 check		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. {R.C. 3517.10(B)(4)}

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,850.00